

County: Brown  
 MANORCARE HEALTH SERVICES - WEST  
 1760 SHAWANO AVENUE

Facility ID: 1100

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GREEN BAY 54303 Phone: (920) 499-5191  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 105  
 Total Licensed Bed Capacity (12/31/01): 105  
 Number of Residents on 12/31/01: 94

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 98

Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.2
Supp. Home Care-Personal Care	No					1 - 4 Years		45.7
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	1.1	More Than 4 Years		17.0
Day Services	No	Mental Illness (Org./Psy)	58.5	65 - 74	9.6			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	28.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	6.4	65 & Over	98.9	-----		
Transportation	No	Cerebrovascular	8.5		-----	RNs		8.0
Referral Service	No	Diabetes	2.1	Sex	%	LPNs		10.8
Other Services	Yes	Respiratory	7.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.5	Male	22.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.			%	Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	322	56	93.3	91	0	0.0	0	21	100.0	145	0	0.0	0	1	100.0	250	90	95.7
Intermediate	---	---	---	4	6.7	76	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		60	100.0		0	0.0		21	100.0		0	0.0		1	100.0		94	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	3.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	4.9	Bathing	5.3	46.8	47.9	94
Other Nursing Homes	1.8	Dressing	5.3	46.8	47.9	94
Acute Care Hospitals	80.4	Transferring	29.8	39.4	30.9	94
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	26.6	31.9	41.5	94
Rehabilitation Hospitals	0.0	Eating	57.4	19.1	23.4	94
Other Locations	9.8	*****				
Total Number of Admissions	225	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.4	Receiving Respiratory Care		7.4
Private Home/No Home Health	20.2	Occ/Freq. Incontinent of Bladder	56.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	13.6	Occ/Freq. Incontinent of Bowel	47.9	Receiving Suctioning		0.0
Other Nursing Homes	0.4			Receiving Ostomy Care		1.1
Acute Care Hospitals	26.8	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	12.8	Receiving Mechanically Altered Diets		39.4
Rehabilitation Hospitals	0.0					
Other Locations	17.1	Skin Care		Other Resident Characteristics		
Deaths	21.9	With Pressure Sores	5.3	Have Advance Directives		97.9
Total Number of Discharges		With Rashes	1.1	Medications		
(Including Deaths)	228			Receiving Psychoactive Drugs		66.0

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	82.7 1.13	83.8 1.11	84.3 1.11	84.6 1.10
Current Residents from In-County	91.5	82.1 1.11	84.9 1.08	82.7 1.11	77.0 1.19
Admissions from In-County, Still Residing	13.8	18.6 0.74	21.5 0.64	21.6 0.64	20.8 0.66
Admissions/Average Daily Census	229.6	178.7 1.28	155.8 1.47	137.9 1.66	128.9 1.78
Discharges/Average Daily Census	232.7	179.9 1.29	156.2 1.49	139.0 1.67	130.0 1.79
Discharges To Private Residence/Average Daily Census	78.6	76.7 1.02	61.3 1.28	55.2 1.42	52.8 1.49
Residents Receiving Skilled Care	95.7	93.6 1.02	93.3 1.03	91.8 1.04	85.3 1.12
Residents Aged 65 and Older	98.9	93.4 1.06	92.7 1.07	92.5 1.07	87.5 1.13
Title 19 (Medicaid) Funded Residents	63.8	63.4 1.01	64.8 0.98	64.3 0.99	68.7 0.93
Private Pay Funded Residents	22.3	23.0 0.97	23.3 0.96	25.6 0.87	22.0 1.02
Developmentally Disabled Residents	1.1	0.7 1.52	0.9 1.21	1.2 0.90	7.6 0.14
Mentally Ill Residents	58.5	30.1 1.94	37.7 1.55	37.4 1.57	33.8 1.73
General Medical Service Residents	8.5	23.3 0.36	21.3 0.40	21.2 0.40	19.4 0.44
Impaired ADL (Mean)	56.8	48.6 1.17	49.6 1.14	49.6 1.14	49.3 1.15
Psychological Problems	66.0	50.3 1.31	53.5 1.23	54.1 1.22	51.9 1.27
Nursing Care Required (Mean)	6.8	6.2 1.09	6.5 1.05	6.5 1.04	7.3 0.92